## **Arizona Department of Homeland Security**

**Subgrantee Name and Address** 

FFY 2014 UASI Grant Program
Reimbursment Request Form

Name	State of Confusion	on				Contract Number	mber 123456-01		Date cannot be prior to
				Contact Person	Hernan Cortez	Reporting Period From:			the beginning of the
Address 123 Lost Way			Telephone 999-867-5309		Reporting Period To:			period of performance.	
City	Lost City, AK	Zip 99215		E-Mail	hcortez@lostcity.org	Funds Begin 10/1/2015	Funds End 9/30/2016		Date cannot be after the
	Major Budget Category / Line Item Detail		Contract Budget	Current Period	Year to Date	Budget Remaining		end of the period of	
Planning			\$1,000.00	\$500.00	<del>\$500.</del> 00	\$500.00	)	performance	
Organization			\$2,000.00	\$1,000.00	\$1,000.00	\$1,000.00		Enter amount you are	
06CP-01-MOBL - Mobile Radio Equipment 2@ \$1500.00			\$3,000.00	\$1,500.00	\$1,500.00	\$1,500.00	)	seeking on this reimbursement.	
Training			\$4,000.00	\$2,000.00	\$2,000.00	\$2,000.00		Enter total amount	
Exercise			\$5,000.00	\$2,500.00	\$2,500.00	\$2,500.00		reimbursed to date (which includes any	
									previous reductions) PLUS the amount of this
									request.
Total Costs			\$15,000.00	\$7,500.00	\$7,500.00	\$7,500.00	1		
Contractor Certification: I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures are valid, based upon our office accounting records (books of account) and are consistent with the terms of the contract. It is understood that contract payments are calculated by the Arizona Department of Homeland Security based upon contract terms.  Preparer's Signature  Name/Title  Phone Number								_	
Stake	holder Authorizing	Signature	-	Nar	ne/Title	Phone Number			
Any Quest	tions Please Contac	ct:							
Kevin Mancino			✓ Original Submissi	on					
(602) 542-1716			Revised Submissi	on					
Kmancino	@azdohs.gov		١	Final Submission					